



Fermilab

FERMI NATIONAL ACCELERATOR LABORATORY
Weekly Time Report

ID:
Mail to:

Dept: MS

Paygroup:

Pay End Date:

	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL
IN								
OUT								
WORK HOURS								
OTHER PAID HOURS								
OTHER CODES								
LABOR DISTRIBUTION	Account/Pct							
COMMENTS:								

This is a legal document. There should be no erasures or whiteouts. This form must be completed in ink
Note: The charge code data on this time sheet is subject to revision by completion of an effort report reflecting (on an annual basis the actual effort distribution for the time worked during this time period

I hereby certify that the time reported above represents a true statement	Employee Signature	Date: / /
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Approver ID	Authorized Signature	Date: / /
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NOTE: Not Valid without Supervisor Signature and ID

ACCOUNTING USE ONLY

	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL	CODE	ACCT CD
RGW									RGW	
OTP									OTP	

Other Codes

A-Unexcused Absence without Pay
B-Excused Absence without Pay
D-Death in Family
DL-Disciplinary Leave without Pay
EC-Early Closing
EMR-Emergency Call-in

F-Floating Holiday
H-Holiday
JD-Jury Duty
L-Leave without Pay
M-Military Service
NL-No Lunch

O-Other (explain)
R-Day of Rest
S-Sick Leave (Non-Occupational Disability)
SC-Schedule Change
TD-Transportation Difficulties
V-Vacation